

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GUN RIGHTS AMERICA

ADDRESS (number and street)

2300 W EISENHOWER BLVD

Check if different
than previously
reported. (ACC)

LOVELAND

CO

80537-3150

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00742635

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2021

through

M M M / D D D / Y Y Y Y Y Y
06 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GATES, BENJAMIN, , ,

Type or Print Name of Treasurer

Signature of Treasurer

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 16 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2021

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		109869.48
(b) Cash on Hand at Beginning of Reporting Period.....	109869.48	
(c) Total Receipts (from Line 19)	10.00	10.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	109879.48	109879.48
7. Total Disbursements (from Line 31).....	7401.32	7401.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	102478.16	102478.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	703.66	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

GUN RIGHTS AMERICA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2021

To:

M M	/	D D	/	Y Y Y Y Y Y
06	/	30	/	2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

10.00

10.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

10.00

10.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

10.00

10.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

10.00

10.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

10.00

10.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4809.10	4809.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4809.10	4809.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2592.22	2592.22
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7401.32	7401.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7401.32	7401.32

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10.00	10.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10.00	10.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4809.10	4809.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	4809.10	4809.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. MUDSHAREMailing Address 325 E JIMMIE LEEDS RD
STE 117City
GALLOWAYState
NJZip Code
08205-4126Purpose of Disbursement
PREPAYMENT FOR FUTURE SPENDING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	5			2	0	2	1		

FEC Identification Number

C**Transaction ID : B0AB0267B2**

Amount of Each Disbursement this Period

402.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL.LAW PLLCMailing Address 441 N LEE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	1		

FEC Identification Number

C**Transaction ID : B7D6DEC6E0**

Amount of Each Disbursement this Period

318.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLITICAL.LAW PLLCMailing Address 441 N LEE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	1		

FEC Identification Number

C**Transaction ID : BDE57A9AE**

Amount of Each Disbursement this Period

1268.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1990.35

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

GUN RIGHTS AMERICA

Full Name (Last, First, Middle Initial)

A. POLITICAL.LAW PLLCMailing Address 441 N LEE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2021

FEC Identification Number

C**Transaction ID : BFE3BA3269**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POLITICAL.LAW PLLCMailing Address 441 N LEE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2301Purpose of Disbursement
LEGAL SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2021

FEC Identification Number

C**Transaction ID : B6345AC302!**

Amount of Each Disbursement this Period

187.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2687.50

4677.85

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 12

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
GUN RIGHTS AMERICA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL ASSOCIATION FOR GUN RIGHTSNature of Debt (Purpose):
FUNDRAISING EMAILS

Mailing Address 2300 W EISENHOWER BLVD

City
LOVELANDState
COZip Code
80537-3150

Outstanding Balance Beginning This Period

703.66

Transaction ID : D25AB4BF4DE0C4A5A96E

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

703.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

703.66

2) **TOTALS** This Period (last page this line number only)..... ►

703.66

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

703.66

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee CPMM SERVICES GROUP INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2020		
Mailing Address 3785 INDIANOLA AVE			Amount 592.50		
City COLUMBUS	State OH	Zip Code 43214-3754	Transaction ID : EFE87BC8D69AD407DBE/ Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2021		
Purpose of Expenditure PMT FOR EST FROM 12/29/2020. MAIL VOTER CONTACT: SEE EST TRANS ID: ...45C29D1			Category/ Type 		
Name of Federal Candidate: OSSOFF, JONATHAN, T, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 2592.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>		
Full Name of Payee CPMM SERVICES GROUP INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 29 / 2020		
Mailing Address 3785 INDIANOLA AVE			Amount 592.50		
City COLUMBUS	State OH	Zip Code 43214-3754	Transaction ID : EA5D1248DD7C741CF90E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 01 / 2021		
Purpose of Expenditure PMT FOR EST FROM 12/29/2020. MAIL VOTER CONTACT: SEE EST TRANS ID: ...47CBBAE			Category/ Type 		
Name of Federal Candidate: OSSOFF, JONATHAN, T, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 2592.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>		
(a) SUBTOTAL of Itemized Independent Expenditures 1185.00					
(b) SUBTOTAL of Unitemized Independent Expenditures..... 					
(c) TOTAL Independent Expenditures 					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , , Signature			Date M M / D D / Y Y Y Y Y Y 07 / 16 / 2021		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00742635 </div>
--	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">141.36</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : EF359E99C7F174733B47 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PAYMENT FOR 12/14 ESTIMATE. TEXTING SERVICES: SEE TRANS ID#...403687A			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: OSSOFF, JONATHAN, T, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">597.15</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>	

Full Name of Payee <input type="checkbox"/> Memo Item MUDSHARE			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">141.36</div>	
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : E0D7C909D91824D35816 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure PAYMENT FOR 12/14 ESTIMATE. TEXTING SERVICES: SEE TRANS ID#...4730A37			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: WARNOCK, RAPHAEL, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">597.15</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">282.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GATES, BENJAMIN, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 07 / 16 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee MUDSHARE <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2021		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 157.22		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : EAFDEFADFF954F13962		
Purpose of Expenditure PAYMENT FOR 12/14 ESTIMATE. TEXTING SERVICES: SEE TRANS ID#...403687A		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2021		
Name of Federal Candidate: OSSOFF, JONATHAN, T, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought 597.15			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► GENERAL RUNOFF		
Full Name of Payee MUDSHARE <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2021		
Mailing Address 325 E JIMMIE LEEDS RD STE 117			Amount 157.21		
City GALLOWAY	State NJ	Zip Code 08205-4126	Transaction ID : EAA69A78298434CD490F		
Purpose of Expenditure PAYMENT FOR 12/14 ESTIMATE. TEXTING SERVICES: SEE TRANS ID#...4730A37		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2021		
Name of Federal Candidate: WARNOCK, RAPHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: GA		
Calendar Year-To-Date Per Election for Office Sought 597.15			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► GENERAL RUNOFF		
(a) SUBTOTAL of Itemized Independent Expenditures			314.43		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 07 / 16 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) GUN RIGHTS AMERICA				FEC IDENTIFICATION NUMBER ▼ C C00742635	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee PATTERSON CONSULTING, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 14 / 2020		
Mailing Address 866 LOMBARD RD			Amount 405.04		
City RISING SUN	State MD	Zip Code 21911-1738	Transaction ID : EA855DF17F2CD4DB18FF		
Purpose of Expenditure PMT FOR EST FROM 12/14/2020. PHONE VOTER CONTACT; SEE EST. TRANS ID #....4C1FA11		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2021		
Name of Federal Candidate: WARNOCK, RAPHAEL, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 1407.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>		
Full Name of Payee PATTERSON CONSULTING, LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 12 / 14 / 2020		
Mailing Address 866 LOMBARD RD			Amount 405.03		
City RISING SUN	State MD	Zip Code 21911-1738	Transaction ID : E210999CDC0CF4860BCE		
Purpose of Expenditure PMT FOR EST FROM 12/14/2020. PHONE VOTER CONTACT; SEE EST. TRANS ID #....490FA04		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 01 / 2021		
Name of Federal Candidate: OSSOFF, JONATHAN, T, , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought 1407.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2021 <input checked="" type="checkbox"/> Other (specify) ► <u>GENERAL RUNOFF</u>		
(a) SUBTOTAL of Itemized Independent Expenditures			810.07		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			2592.22		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GATES, BENJAMIN, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 07 / 16 / 2021	